J38903

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
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2020 JUL 10 AH 10: 29

Klaren

COVER LETTER

TO:

Amendment Section
Division of Corporations

ALL CERVICE MAIL BOOM INC		
SUBJECT: ALL SERVICE MAIL ROOM, INC. Name of Corporation		
DOCUMENT NUMBER: J38903		
The enclosed Statement of Change of Registered Off	fice/Agent and fee are submitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
MICHAEL JAMES DeSALVO		
Name of Contact Person		
ALL SERVICE MAIL ROOM, INC.		
Firm/Company		
11062 S. Military Trail		
Address		
Boynton Beach, Florida 33436		
City/State and Zip Code		
allservicemailroom@gmail.com		
E-mail address: (to be used for future annual rep	ort notification)	
For further information concerning this matter, pleas	e call:	
Michael James DeSalvo	at (561) 732-2278 Area Code & Daytime Telephone Number	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Dep	artment of State.	
Mailing Address: Amendment Section	Street Address:	
	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
Tallahaccaa El 2231.1	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.05 inge is submitted for a corporation orgo r to change its registered office or regis	mized under the laws of the Stat	e of Florida
1. The name of t	the corporation: All Service Mail Room,	Inc.	
	office address: 11062 S. Military Trail, E		
	ddress (if different);		
4. Date of incorp	poration/qualification: $10 x 956$	Document number:	38903
	I street address of the current registered tment of State: (If resigned, enter resign		le with the
	Laurel K. Giller		
	11062 S. Military Trail		
	Boynton Beach, Florida 33436		202
6. The name and (if changed):	street address of the new registered ag	ent (if changed) and /or registere	2020 JUL 10
	Michael James DeSalvo		
	11062 S. Military Trail		AH 10: 25
	PO B	ox NOT acceptable	29
	Boynton Beach, Florida 33436		
The street address changed will	ess of its registered office and the stree be identical.	et address of the business office	of its registered agent,
Such change wa authorized by th	as authorized by resolution duly adopt ne board, or the corporation has been n	ed by its board of directors or b ootified in writing of the change	y an officer so
+ Laughann	de of an officer or director	Laurel K. Giller Printed or typed name	and title
l further agree l of my duties, an document is bei	the appointment as registered agent a to comply with the provisions of all sto d I am familiar with and accept the oh ng filed merely to reflect a change in t been notified in writing of this chang	itutes relative to the proper and digation of my position as regis the registered office address, L	l complete performance stered agent. Or, if this hereby confirm that the
x Micha	el A. Ne Jalia	06/26/2020	
Sign	nathre of Registered Agent	Date	
If signing on be	half of an entity:		
<u> </u>	and a Dental Share		
*)	yped or Printed Name * * * FILING F	EE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)